

CANDY STRIPER/CADET RE-APPLICATION FORM

PLEASE APPLY BY SEPT 1ST 2013 USING THIS FORM. DROP OFF AT THE HOSPITAL GIFT SHOP OR E-MAIL DIRECT TO ME AT ruby_75@hotmail.com

NAME.....

DATE.....

GRADE.....AGE.....

ADDRESS.....

EMAIL ADDRESS.....

PHONE.....

I WILL CALL YOU WITH A TIME FOR AN INTERVIEW TO SET UP YOUR NEW SCHEDULE FOR THIS YEAR AND RE-INSTATE YOU. THANK YOU FOR COMING BACK TO CANDY STRIPERS FOR ANOTHER!

RUBY RASH

CANDY STRIPER CONVENER

604-485-6223

